proceed to the consideration of Calendar No. 641, S. 662.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 662) to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Finance with an amendment to strike out all after the enacting clause and insert the part printed in italic.

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Breast and Cervical Cancer Prevention and Treatment Act of 2000''.

SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN BREAST OR CERVICAL CANCER PATIENTS.

(a) COVERAGE AS OPTIONAL CATEGORICALLY NEEDY GROUP.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

(A) in subclause (XVI), by striking ''or'' at the end;

(B) in subclause (XVII), by adding ''or'' at the end; and

(C) by adding at the end the following:

''(XVIII) who are described in subsection (aa) (relating to certain breast or cervical cancer patients);''.

(2) GROUP DESCRIBED.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following:

''(aa) Individuals described in this subsection are individuals who—

''(1) are not described in subsection (a)(10)(A)(i);

''(2) have not attained age 65;

''(3) have been screened for breast and cervical cancer under the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) in accordance with the requirements of section 1504 of that Act (42 U.S.C. 300n) and need treatment for breast or cervical cancer; and

''(4) are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act (42 U.S.C. 300gg(c)).''.

(3) LIMITATION ON BENEFITS.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G)—

(A) by striking ''and (XIII)'' and inserting ''(XIII)''; and

(B) by inserting '', and (XIV) the medical assistance made available to an individual described in subsection (aa) who is eligible for medical assistance only because of subparagraph (A)(10)(ii)(XVIII) shall be limited to medical assistance provided during the period in which such an individual requires treatment for breast or cervical cancer'' before the semicolon.

(4) CONFORMING AMENDMENTS.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended in the matter preceding paragraph (1)—

(A) in clause (xi), by striking ''or'' at the end;

(B) in clause (xii), by adding ''or'' at the end; and

(C) by inserting after clause (xii) the following:

''(xiii) individuals described in section 1902(aa),''.

(b) PRESUMPTIVE ELIGIBILITY.—

(1) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1920A the following:

''PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR CERVICAL CANCER PATIENTS

''SEC. 1920B. (a) STATE OPTION.—A State plan approved under section 1902 may provide for making medical assistance available to an individual described in section 1902(aa) (relating to certain breast or cervical cancer patients) during a presumptive eligibility period.

''(b) DEFINITIONS.—For purposes of this section:

''(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The term 'presumptive eligibility period' means, with respect to an individual described in subsection (a), the period that—

''(A) begins with the date on which a qualified entity determines, on the basis of preliminary information, that the individual is described in section 1902(aa); and

''(B) ends with (and includes) the earlier of—

''(i) the day on which a determination is made with respect to the eligibility of such individual for services under the State plan; or

''(ii) in the case of such an individual who does not file an application by the last day of the month following the month during which the entity makes the determination referred to in subparagraph (A), such last day.

''(2) QUALIFIED ENTITY.—

''(A) IN GENERAL.—Subject to subparagraph (B), the term 'qualified entity' means any entity that—

''(i) is eligible for payments under a State plan approved under this title; and

''(ii) is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A).

''(B) REGULATIONS.—The Secretary may issue regulations further limiting those entities that may become qualified entities in order to prevent fraud and abuse and for other reasons.

''(C) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a State from limiting the classes of entities that may become qualified entities, consistent with any limitations imposed under subparagraph (B).

''(c) ADMINISTRATION.—

''(1) IN GENERAL.—The State agency shall provide qualified entities with—

''(A) such forms as are necessary for an application to be made by an individual described in subsection (a) for medical assistance under the State plan; and

''(B) information on how to assist such individuals in completing and filing such forms.

''(2) NOTIFICATION REQUIREMENTS.—A qualified entity that determines under subsection (b)(1)(A) that an individual described in subsection (a) is presumptively eligible for medical assistance under a State plan shall—

''(A) notify the State agency of the determination within 5 working days after the date on which determination is made; and

''(B) inform such individual at the time the determination is made that an application for medical assistance under the State plan is required to be made by not later than the last day of the month following the month during which the determination is made.

''(3) APPLICATION FOR MEDICAL ASSISTANCE.—In the case of an individual described in subsection (a) who is determined by a qualified entity to be presumptively eligible for medical assistance under a State plan, the individual shall apply for medical assistance under such plan by not later than the last day of the month following the month during which the determination is made.

''(d) PAYMENT.—Notwithstanding any other provision of this title, medical assistance that—

''(1) is furnished to an individual described in subsection (a)—

''(A) during a presumptive eligibility period;

''(B) by a entity that is eligible for payments under the State plan; and

''(2) is included in the care and services covered by the State plan,

shall be treated as medical assistance provided by such plan for purposes of clause (4) of the first sentence of section 1905(b).''.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)) is amended by inserting before the semicolon at the end the following: ''and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section''.

(B) Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

(i) by striking ''or for'' and inserting '', for''; and

(ii) by inserting before the period the following: '', or for medical assistance provided to an individual described in subsection (a) of section 1920B during a presumptive eligibility period under such section''.

(c) ENHANCED MATCH.—The first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended—

(1) by striking ''and'' before ''(3)''; and

(2) by inserting before the period at the end the following: '', and (4) the Federal medical assistance percentage shall be equal to the enhanced FMAP described in section 2105(b) with respect to medical assistance provided to individuals who are eligible for such assistance only on the basis of section 1902(a)(10)(A)(ii)(XVIII)''.

(d) EFFECTIVE DATE.—The amendments made by this section apply to medical assistance for items and services furnished on or after October 1, 2000, without regard to whether final regulations to carry out such amendments have been promulgated by such date.

Mr. LOTT. Mr. President, I ask unanimous consent that the committee substitute be agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

Mr. LOTT. Mr. President, I ask unanimous consent that the bill, as amended, be considered read the third time.

The bill (S. 662), as amended, was considered read the third time.

Mr. LOTT. Mr. President, I further ask unanimous consent that the Senate then proceed to Calendar No. 542, H.R. 4386, all after the enacting clause be stricken, and the text of S. 662 be inserted in lieu thereof. Further, I ask unanimous consent that the bill, as amended, be read the third time and passed, the motion to reconsider be laid upon the table, and, finally, any statements relating to this very important piece of legislation be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 4386), as amended, was read the third time and passed.

Mr. LOTT. I note, Mr. President, that this is the breast and cervical cancer legislation. It has broad bipartisan support. I am very pleased we were able to come to an agreement to bring it this

far. It came up this morning in the Finance Committee. I asked the Senator from New York if he would help us get it cleared through to this point. Senator MOYNIHAN indicated he would, and he has done so, as always. I do not think we would have this clearance without his help.

Mr. MOYNIHAN. Mr. President, may I have one moment?

Mr. LOTT. Mr. President, I will be glad to yield the floor to Senator MOYNIHAN.

Mr. MOYNIHAN. Mr. President, we all thank the majority leader for this action. I know it will be particularly pleasing to the chairman of our committee, Senator ROTH, who took up this measure, introduced in the first instance by Senator CHAFEE. It came out of our committee unanimously. It is good legislation. It should be pursued. We thank the leader for his effort.

I yield the floor.

Mr. LOTT. I ask unanimous consent that S. 662 be placed back on the calendar.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ASHCROFT. Mr. President, I take this opportunity to commend the Senate's passage of S. 662, the Breast and Cervical Cancer Treatment Act. I am pleased to be a cosponsor of this important legislation, which provides low-income, uninsured women with access to the treatment they need to battle these two potentially devastating diseases.

In 1990, Congress created a program, administered by the Centers for Disease Control, CDC, to provide breast and cervical cancer screening for low-income, uninsured women. While this program's goal was to reduce mortality rates from these two diseases, the fact many women diagnosed under the program had no funds for treatment left our goal largely unfulfilled.

The Breast and Cervical Cancer Treatment Act moves this Federal commitment forward to the next logical step, by providing Medicaid funds to treat these women who are diagnosed with breast or cervical cancer through the CDC screening program. Under this important legislation, American women will be able to receive the treatment they need to win the fight against breast cancer or cervical cancer.

As we are in the waning days of this legislative session, I am glad to join my Senate colleagues in passing the Breast and Cervical Cancer Treatment Act, which will provide new resources and hope to low-income women with breast or cervical cancer. As the House has already passed a similar bill, it is my hope that Congress will present final legislation to the President for enactment this year.

Ms. SNOWE. Mr. President, I rise today to express my unwavering support for passage of the Breast and Cervical Cancer Treatment Act (S. 662). This bill addresses an issue that is vital to the health and lives of so many low-income women—coverage of breast and cervical cancer treatment under the Medicaid program.

This legislation was originally introduced by our late colleague, Senator John Chafee of Rhode Island. Senator Chafee was always one of the Senate's leaders on health care issues, and like all of my colleagues, I am sad that he is not with us today to see his bill pass the Senate. I know that he would be pleased to know that his bill now has the support of 75 Senators.

I also want to take a moment to note the dedication of my colleagues Senators MIKULSKI, LINC CHAFEE, GRASSLEY, and HATCH—we have put many hours into ensuring that today's legislation gets through the Senate and can be reconciled quickly with the House version. Finally, this bill would not be before us today if not for the help of the Chairman of the Senate Finance Committee—it was Senator ROTH who made a commitment to get this bill through the Finance Committee.

In 1990, while serving in the House, I was a proud cosponsor of the legislation that established the Center for Disease Control's National Breast and Cervical Early Detection Program. This groundbreaking program—sponsored in the Senate by Senator MIKULSKI—ensures that women who are medically underserved in this country receive regular screening for breast and cervical cancer. Since the program did its very first screening in 1991, over 1.4 million women have had either a mammogram or a test for cervical cancer. And more are screened every single day.

It is unquestionable that early detection is our best weapon against cancer. The success of the CDC program is proven. As a result of this program over 6,800 uninsured, low-income women across the country now know they have breast cancer and can take action to fight this disease. And over 34,000 uninsured, low-income women across the country now know they have either invasive cervical cancer or precancerous cervical lesions.

In my home state of Maine, nearly 16,000 women have gone through the screening program since it began in 1995. And as a result of this screening 46 women with breast cancer and 23 women with cervical cancer have vital information that they might not have had otherwise. I don't like to think of what could have happened if they had found out about their cancer when it was too late.

Unfortunately, screening alone—and the life-or-death knowledge about one's health that comes as a result—cannot save a woman's life. It is estimated that breast and cervical cancer will kill more than half a million women this decade alone. In fact, breast cancer is the number one killer of American women between the ages of 35 and 54. While screening is the first line of defense in fighting cancer, and is so very, very important, it is really only the first part of the battle.

When the National Breast and Cervical Cancer Early Detection Program passed in 1990, we wanted to ensure that women would receive treatment. The law was written to require states to seek out services for the women they screen in order to receive timely and appropriate treatment. But the state programs are overwhelmed. Program administrators are scrambling to find treatment services—and even then these uninsured, low-income women must somehow come up the money for costly procedures.

This legislation will give women who have been screened through the CDC's National Breast and Cervical Cancer Early Detection Program the chance to receive needed treatment that is truly life-and-death. This Act will allow states the option of providing Medicaid services to women who have breast or cervical cancer.

I would like to explain to my colleagues why this legislation is so important in a very personal way. One of my constituents went through the Maine Breast and Cervical Health Program and had an abnormal mammogram, followed by an abnormal ultrasound. She was advised to have a sterotactic biopsy but delayed for three months because she could not afford it. Three months in which her cancer could grow and spread. And while she eventually had the biopsy and was not diagnosed with cancer, these three months could have truly meant the difference between winning or losing her battle against cancer.

The women who go through this program have undergone enough solely by being diagnosed with cancer. And the stress of diagnosis is almost debilitating. But to compound this stress, to leave a woman with the knowledge that she has cancer, that she must—absolutely must— receive treatment or her cancer will spread, but to not help her find the means to fight for her life is unconscionable.

We cannot sit back and claim that a screening program is enough to save a woman's life. We know that the uninsured are 49 percent more likely to die than are insured women during the four to seven years following an initial breast cancer diagnosis. This is unconscionable—we must provide an option for uninsured women who are not able to pay for treatment on their own. We cannot sit back and watch women die from a disease that they discovered through our program but not help them fight this disease.

I am extremely pleased that the Senate is bringing the bill up for passage today; the House overwhelmingly

passed its version on May 9th and I hope that the two bills will be reconciled quickly in conference.

Ms. MIKULSKI. Mr. President, I rise today in strong support of Senate passage of the Breast and Cervical Cancer Treatment Act S. 662. I am proud to be the lead Democratic sponsor of this bill. This is legislation that will help save lives, and it has the strong bipartisan support of 76 cosponsors. It gives states the option of providing Medicaid coverage to low-income women diagnosed with breast and cervical cancer through the National Breast and Cervical Cancer Early Detection Program under the Centers for Disease Control and Prevention, CDC.

Senate passage of this legislation was a true bipartisan team effort, and I want to recognize the other members of this team. I want to commend the late Senator John Chafee, who sponsored this legislation, for his leadership and genuine commitment to the women this bill would help. I want to thank Senators LINCOLN CHAFEE, MOYNIHAN, SNOWE, GRASSLEY, and HATCH for their strong support and leadership as we have all worked together to move this legislation through the Senate. I thank the Majority Leader and the Democratic Leader for their commitment to getting this bill through the Senate.

I also want to commend Senator ROTH for his leadership in the Finance Committee to ensure committee consideration and passage of this bill. Thank you also to President Clinton and Vice President GORE who have been supportive of providing treatment to women diagnosed with breast and cervical cancer through the CDC screening program, especially by including a provision similar to S. 662 in the Administration's Fiscal Year 2001 budget.

Finally, none of us would be here today to celebrate Senate passage of this bill without the hard work, tenacity, persistence, and perseverance of Fran Visco and the National Breast Cancer Coalition. They have done an outstanding job of making sure that women's voices from across the country were heard, listened to, and well represented.

However, our work is not yet finished. The House of Representatives must now take up and pass the bill we passed today. The House should move swiftly to enact this legislation that has such overwhelming bipartisan support.

The CDC screening program celebrated its 10th anniversary on August 10, 2000. The CDC screening program has provided over one million mammograms and over one million Pap tests. Among the women screened, over 7,000 cases of breast cancer and over 600 cases of cervical cancer have been diagnosed. I am proud to be the Senate architect of the legislation that created the breast and cervical cancer screening program at the CDC, and now I'm fighting to complete the program by adding a treatment component. There are three reasons why we must swiftly enact the Breast and Cervical Cancer Treatment Act.

First, times have changed since the creation of the CDC screening program ten years ago. In 1990, when I wanted to include a treatment component in the screening program, I was told we didn't have the money. Well, now we are running annual surpluses, instead of annual deficits. The screening program was just a down payment, not the only payment. We have the resources to provide treatment to these women. I think we ought to put our money into saving lives.

Second, prevention, screening, and early detection are very important, but alone they do not stop deaths. Screening must be combined with treatment to reduce cancer mortality. Finally, it is only right to provide federal resources to treat breast and cervical cancer for those screened and diagnosed with these cancers through a federal screening program.

I look forward to working with my colleagues on both sides of the aisle to ensure swift enactment of the Breast and Cervical Cancer Treatment Act in the final days of this session. Women diagnosed with breast and cervical cancer shouldn't have to wait another year for treatment. I can't think of any better way to mark the 10th anniversary of the CDC screening program than by finally adding a federal treatment component to ensure that we make a true difference in the lives of women across this country.

Mr. ROTH. Mr. President, I am pleased that the Senate has passed legislation that will dramatically improve the lives of lower-income women faced with a terrifying diagnosis of breast or cervical cancer.

Ten years ago, Congress created the National Breast and Cervical Cancer Early Detection Program, through the Centers for Disease Control, to help lower-income women receive the early detection services that are the best protection against breast and cervical cancer. This important program has served more than a million women in subsequent years. However, the screening program does not include a treatment component. Instead, women who receive a cancer diagnosis must rely on informal networks of donated care.

Last year, Senator John Chafee introduced S. 662, the Breast and Cervical Cancer Treatment Act, to make it easier for women facing breast and cervical cancer to receive necessary treatment—and I think each and every one of us shares that important goal.

S. 662 makes treatment available through the Medicaid program. Now, maybe some of us would have approached the problem differently. I think there are very valid concerns about creating disease-specific eligibility categories within the Medicaid program.

However, despite those concerns, I am pleased that the Senate passed S. 662 because we are dealing with a thoroughly unique set of circumstances. The new Medicaid eligibility category created in S. 662 is specifically linked to a unique and existing federal screening program and must not, and will not, be viewed as a precedent for extending Medicaid eligibility body-part by body-part.

Instead, today the Senate fulfills a promise made nearly 10 years ago. We are saying to lower-income, uninsured women that we will continue to help you access the preventive health care services you need. But now, through S. 662, our commitment to you will not stop with screening. If problems are found, the federal government stands ready to work with the states to make sure you receive the treatment you need to get well.

I am grateful to my colleagues in the Senate for joining me in supporting this important legislation, and I look forward to working with my colleagues in the House to quickly reconcile the differences between our bills so we can see this necessary legislation signed into law this year.

UNANIMOUS CONSENT REQUEST—H.R. 4986

Mr. LOTT. Mr. President, I ask unanimous consent, notwithstanding rule XXII, that the Senate turn to the consideration of Calendar No. 817, H.R. 4986, relating to foreign sales corporations, and that following the reporting of the bill by the clerk, the committee amendments be agreed to, with no other amendments or motions in order, and the bill be immediately advanced to third reading and passage occur, all without any intervening action or debate.

I further ask unanimous consent that the Senate then insist on its amendment, request a conference with the House, and the Chair be authorized to appoint conferees on the part of the Senate, who would be Senators ROTH, LOTT, and MOYNIHAN.

The PRESIDING OFFICER. Is there objection?

Mr. REID. Reserving the right to object, we have been doing everything we can to move along the appropriations process. We did that on the energy and water appropriations bill. We are doing that on the Interior appropriations bill. I want the RECORD to be clear, as the leader knows, we are not holding up the Interior bill.

Mr. LOTT. Absolutely. We had some reservations on both sides of the aisle last night. The reservations on Senator REID's side of the aisle were worked out. The problem now is, as I stated,